MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY the further ses 1 Caroline Maryland Caroline after MARYLAND b. CITY OR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) by Page Write RURAL and give nearest town)
Denton - Rural hours Life Benton - Rural = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? and completely fille remove carbon pape any event, within 7 Near Howard's School Near Howard's School YES NO executed within 3. NAME DE First Middle Last Month DATE Day Year DECEASED 1966 John Robert Andrew 23 May DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. February 8. Male White 93 yrs. WIDOWED DIVORCED T 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer attending physician a ermit. Then blease re on, or removal, and in 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA certificate be Farming Caroline Co., Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elisha Andrew Mary Nichols 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address has been signed by the attent as the burial-transit permit. death (Yes, no, or unkown) | (If yes give war or dates of service) 220-09-1756 Mrs. Jacob Zierl. Denton, Md., RFD INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] Chronic Comgestive Heart Failure with PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). PHYSICIAN: The law requires that the hospital or attending physician. auricular fibri lation 4 m 3 DUE TO Arte iosclerotic heart disease 15yrs Conditions, if any, which gave rise to immediate DUE TO Generalized arterioslcerois cause (a), stating the 25vrs underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY or this certificate has detached for use a site Dept. of Health pi PERFORMED? epitheilioma of his left hand ?metatstasis NO 4 YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) WEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While at work Not While FUNERAL DIRECTOR: After irector, page 3 should be dould be filed with the State ATTENDING Pretained by t at work 21. I certify that (I) (this hospital) attended the deceased from 9/ 1966, that (I) (we) last 11:2M, from the causes and on the date stated above. saw the deceased elive on 5/20/66 19 and that death occurred at 22b. DATE SIGNED MGNATURE ATTENDING MED. STAFF PHYS. director, page should be filed M.D. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) Harold B. Plummer M.D. Preston, Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
BUTIAL
May 26.196 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 May 26,1966 Concord Cemetery Near Federalsburg Maryland
25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ./J. Framptom and Son, Federalsburg, Maryland Dall N Melearles 1966 VR A15 (4) 15M 4-64

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REMOVAL (Specify)

burial

24 FUNERAL DIRECTOR'S

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Federalsburg. Md.

Chesterfield Cem.

RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Centerville.

e. IS RESIDENCE

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Hours

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15 minutes

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Caroline Maryland MARYLAND Caroline the funeral Department after death. b. CITY OR TOWN (if outside corporete limits, write BURAL and give nearest town)
Ridgely c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Yrs. Ridgelv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay is 3 to 1 State hours None NO. None YES any del. 2, and 3 M3. First 3. NAME OF Middle Last DATE Month Day Year the DECEASED Alice May (Type or print) DEATH Dotv AGE (In years | IFUNDER 1 YEAR | FUNDER 24 MRS. | Isat birthdey) | Months | Days | Hours | Min With Williams EXAMINER: This certificate should be executed within 24 hours after death. If if the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. Female White WIDOWED T DIVORCED -26-1896 l and event 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife None Maryland any USA pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME William E. Flowers Stayton File Annie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I No Anna Mae Carroll Greensboro Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)\_ burlal-transit cremation, or "epatic Upma cremation, DUE TO Cirrhorses of the liver Conditions, If eny, which upa (b) geve rise to immediate DUE TO (a), steting the Chronic Alcahalim 330 rrs 60 used as a to burial, underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. CERTIFICATION PERFORMED? YES NO T 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should lagent, pri MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x I FUNERAL DIRECTOR: F Health or its design Undetermined manner death resulted from: / Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER 4 for your please execute Page 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5/20/66 **EXAMINER'S** director. NAME (Type) Harold Plummer Address (Street, city, town, or county) B. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF REMOVAL (Specify) of O 9 Greensboro Burial FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIG Greensboro ADDRESS 25a. VR ALSME (5) 1/65

2007 and the off onfinasa Bhaire Hidgaly 2 Yrs. Hallely The state of the s and and and and another and another and another and another and another and another another and another anothe · The second of the second of the second The standard of the said and ART THE PARTY OF T the Bearing William Porce. The

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 reath. 23 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Caroline Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 5 hours Federalsburg - Rural 2 hours Federalsburg = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Preston Road Bloomindale Avenue event, within YES K NO etely within carbon 3. NAME OF First Middle Last DATE Month Day Year DECEASED Lofland 27 1966 (Type or print) Allan DEATH May David executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. emove 7. MARRIED NEVER MARRIED last birthday) | Months | Days any May 27, 1966 Male White DIVORCED WIDOWED Yrs. ermit. Then please re on, or removal, and in Ξ. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? None None Federalsburg, Maryland USA The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Lofland Betty English 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Edward Lofland, Federalsburg, Maryland, RFD None the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OEATH à ial-transi PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-transport to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO this certificate has ber detached for use as the e Dept. of Health prior t (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the hospital or NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Not While at work at work TO HOSPILL.

Page 4 may be low.

TO FUNERAL DIRECTOR. After Airector, page 3 should by airector, elled with the St 1961 5-27 1946, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 5-127 19 67, and that death occurred at 9:31M, from the causes and on the date stated above. saw the deceased alive on. 5-27 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. May 28, 1966 M.O. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) H. R. Trapnell, N.D. Federalsburg, Maryland BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. May 29, 1966 Washington Cemetery Hurlock Maryland Burial 24 FUJERALT Pramptom and Son, Federalsburg, Maryland 25a. REC'D BY REGISTRAR VR A15 (4) some Trace 15M 4-64

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- 1 (W	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	06736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis	elon)
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essary, funeral may be artment death.	b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)
essary, o the funeral is 5 may be 5 beartment after death.	write RURAL end give nearest town) Federalsburg  2 years Federalsburg  6 5 - /	
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dels. F. F. Phon	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF	
any c 2, ar PM3.	(Type or print) Rubydell Ruby Smith Nelson DEATH May 11 1966	
ith. If an iges 1, 2 form P 2 within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24   Iast birthdey) Months   Days   Hours   I	HRS.
age 1 for the water	Female Negro WIDOWED DIVORCED APTI 28, 1929 37 yrs.	
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after and a great	Housework Home South Carolina USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
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24 ho 1 tem Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	-
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within 2 pencil in miner's C permit.	NO   Unknown   Ruby Jackson, Federalsburg, Maryland   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	EEN
camin por reference	PART I. DEATH WAS CAUSED BY: W. A.L ONSET AND DEA	TH
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d be execu "pending" f Medical I burial-tran cremation,	Conditions, If eny, which (b)	
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ER: This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORME YES NO  202. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.  204. EXTERNAL CAUSE WAS CAUSE OF DEATH.  19. WAS AUTO PERFORME YES NO  10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.)  intake of methyl alcohol	
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the certification that the certification that the certification is should be a considered a designated a	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opi	HOH
short file short desi	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
DIC.	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER XI 22. DATE SIG	NED
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DEPUTY MEDICAL EXA ease execute the crector. Page 4 shou trained for your files. FUNERAL DIRECTOR: if Health or its design	NAME (Type) Leter W. Nieckey Address (Street, city, town, of county)	, •
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	
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		DIVISION OF STATISTICA	MARY L RESE		, 301 W. PREST		BALTIMORE	1, MARYL	AND
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		PLACE OF DEATH a. COUNTY  Caroline		MARYLAND	2 STATE	NCE (Where decease Maryland	ed lived, If institut b. COUNTY	lon: Residence  Carol	
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		d. NAME OF HOSPITAL OR INSTITUTION  Near Harmony	(If not in he	ospital, give street address)	d. STREET ADDRES	s Near Harr	nony		IS RESIDENCE ON A FARM? ES NO
7.		NAME OF First DECEASED (Type or print) Rose		Middle Mari e	Lest Patrick	4. DATE OF DEATH	Month May	Day 27	Year 19 66
	5.	PV 10 10 10 10 10 10 10 10 10 10 10 10 10	. MARRIED WIOOWED	NEVER MARRIED	8. DATE OF BIRTH	19. A	GE (In years IF U	NDER 1 YEAR II	FUNDER 24 HRS Hours Min.
l.	10a. duri	USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)  Housework		IND OF BUSINESS OR IDUSTRY Home	11. BIRTHPLACE (	County & State, or	foreign country)	12. CITIZEN 0 COUNTRY? USA	F WHAT
	13.	Emil Friedly			14. MOTHER'S MA	nnie Barl	ooura	erno.	
-	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORC , no, or unkown) (If yes give war or dates of se	ES? 16. ervice) 2		INFORMANT Harvey E. P	atrick, 1	Address Preston, N	Marylan	d, RFD
-	1	18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			3 Thr	mbi	313	INTER	VAL BETWEEN T AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	)	Corman	, athe	role	nons	?	
TITIONTION	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	SCONTRIBU	TING TO DEATH BUTNOT RELA	sem	n.		YES	WAS AUTOPSY PERFORMED?
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		21. I certify that (I) (this hospits saw the deceased alive on \$\frac{5}{22a}\$. SIGNATURE		ed the deceased from	t death occurred at	196/, to		on the date	stated above
		22c. PHYSICIAN'S	apnell	., M.D.	22d. ADDRESS	MED. DIRECTOR  alsburg,		May 28,	1966
	23a.	Burial May 30,	1966	Junior Order			TION (City, town	or county)	(State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. funeral PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Caroline b. COUNTY s. Pages 1 hours after Maryland Caroline MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro E YIS Goldsboro stely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 None None NO X YES completely you executed within NAME OF First Middle DATE Month Day Last 4. DECEASED n any event, 19 66 (Type or print) Maggie Seward DEATH May 10 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) | Months | Days 10-30-1883 and Female Cau. WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) COUNTRY? INDUSTRY eas U.S.A. None Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sallie Wooleyhand James Sculley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, | 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Greensboro, Md. Lola Shinn INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure DUE TO Coronary Occlusion Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the Arteriosclerotic C.V.Disease with hypertension prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hand hed for use of Health p PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) etached f Dept. of After this MEDICAL 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be det factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING P p.m. at work at work Mav DIRECTOR: A age 3 should iled with the 19 66 Mav 0 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 66 0 saw the deceased alive on. and that death occurred at. M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED page filed ATTENDING MED. DIRECTOR STAFF PHYS. May 12'66 PHYS. M.D. Page 4 may PHYSICIAN'S ADDRESS FUNERAL 22d. director, p NAME (Type) H .StonesiferM Greensboro, Md. Charles 21.639 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Greensboro, Md. Greensboro REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Greensboro, Md. 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RTIFICATE OF DEATH hours after funer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution, Resi a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL and give naerast town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside aproporate limits, write RURAL and give neerest town) filled in Pages 1 hours after 0 4 certificate be executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ddross d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X plefely 3. NAME OF First Middle 4. DATE Month Dey Yeer DECEASED OF (Type or print) DEATH 19 C 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Devs Hours WIDOWED DIVORCED evenf attending physician please remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if raticed any WOOCK 1095 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 death and 2 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the 16. SOCIAL SECURITY NO. 17. INFORMANT removal (Yas, no, or unkown) (Ifyesgivawarordetesofservice) certificate has been signed by the the hospital or attending physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PINSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, the burial-transit Conditions, if eny, which gava risa to immediate cause DUE TO burial (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) CERTIFICATION W S AUTOPSY as of PERFORMED? use prior NO THE 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH be retained by the CCTOR: After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. While Not While Hour a.m. et work et work may be retained DIRECTOR: 19 Dept. p.m. pe 19.0.2 6 21. I certify that (1) (this hospital) attended the deceased from to../ 19. hothat (1) (we) last plnods State from the cautes and on the date stated above. saw the deceased alive on.. .19. and that death occurred & 220. SIGNATURE DATE the ATTENDING MED STAFF SIGNED TO HOSE 4 red to FUNERAL PHYS. DIRECTOR PHYS. ector, page if filed with the M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) DATE THEREOF MAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. 23c. 23d. (State) S g B 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGN VR A15 (4) 20M 5-63

MARYLAND STA

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidance before edmission) . COUNTY b. COUNTY 4 P + MARYLAND and deat b. CITY OR TOWN (if outside corporate limits, à c. LENGTH OF STAY IN 1b c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town .= papers. Pages 1 n 72 hours after Pages ON executed within filled d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely YES NO V 3. NAME OF Middla Day Last 4. DATE Month Year DECEASED OF within (Type or print) DEATH 19 66 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | If UNDER I YEAR DATE OF BIRTH IF UNDER 24 HRS. and ast birthday) Months event, Sician WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, ayan if ratirad) phy please .5 13. FATHER'S NAME attending 14. MOTHER'S MAIDEN NAME and dea Then removal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 INFORMANT (Yes, no, or unkown) | (Ifyasgivawarordatasofservica) permit. physician. has been signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 10 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHROIVI C AROUND L MOS. cremation, burial-transit DUE TO attending Conditions, if any, which (b) gava rise to immadiate causa DUE TO (a), stating the underlying the 6 cause last. (c) After this certificate the hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY detached for use as 0 CERTIFICATION PERFORMED? prior NO T 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part f or Part II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (Steta) Month, Day, Yaar (County) factory, street, office bldg., etc.) Whila Not While DIRECTOR: State Dept. at work at work 19 Pe 1965 21. I certify that (I) (this hospital) attended the deceased from Oct plnods 360 19.65, and that death occurred at .M, from the causes and on the date stated above. may 22b. DATE 22e. SIGNATUR SIGNED ATTENDING MED HOSPITAL FUNERAL page with th PHYS. DIRECTOR M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S TO Fu., director, NAME (Type) death. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 24 SUNERAL DIRECTOR'S SIGNATUL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRES!

MARYLAND STATE DEPARTMENT OF HEALTH